

-In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

PLACE OF BIRTH

1. County of Dea  
District of \_\_\_\_\_  
Town of \_\_\_\_\_  
or \_\_\_\_\_  
City of Miami

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 152  
County Registrar No. 934  
Local Registrar No. \_\_\_\_\_

No. 62 Miami Ave St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Aurora Alcala

{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child

To be answered ONLY  
in event of plural  
births.

4. Twin, triplet or other \_\_\_\_\_

6. Legitimate? yes

7. Date of birth Nov. 15 - 1920  
Month Day Year

8. FATHER

Full name

Pedro Alcala

9. Residence

(Usual place of abode)

Miami, Ariz

If non-resident, give place and state.

10. Color or race

Mexican

11. Age at last birthday 24 (Years)

14.

MOTHER

Full maiden name

Angela Gutierrez

15. Residence

(Usual place of abode)

Miami, Ariz

If non-resident, give place and state.

16. Color or race

Mexican

17. Age at last birthday 25 (Years)

12. Birthplace (city or place)

Mexico

(State or country)

18. Birthplace (city or place)

(State or country)

Mexico

13. Occupation

Nature of industry

miner

19. Occupation

Nature of industry

Housewife

20. Number of children of this mother

(Taken as of time of birth of child herein  
certified and including this child.)

(a) Born alive and now living 5

(b) Born alive but now dead None

(c) Stillborn None

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_

(Born alive or stillborn.)

at 5 P. m. on the date above stated

Signature \_\_\_\_\_

Address \_\_\_\_\_

E. J. Total m.d.  
(Physician or midwife)  
Miami, Ariz

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from  
a supplemental report

Month, day, year

Filed

Dec 1, 1920

Filed

19

Local Registrar.

County Registrar.

Registrar

111-1115-179